

Immunizations *from A to Z*

This free educational training encompasses all aspects of immunization practices.

May 6, 2010, 9:00a.m. to 2:00p.m. EDT

Hosted by the Howard County Health Department

Lunch provided courtesy of Merck

Community Medical Arts Center, Howard Regional Health System

3611 S. Reed Road, 2nd floor conference room

Kokomo, IN 46902

Building is on campus of Howard Regional Medical Center; (located behind Steak-N-Shake)

For training information, contact Jodi Morgan, ISDH at (317) 416-2260 or jmorgan@isdh.in.gov

Who Should Attend?

This training is for anyone who provides immunizations, or is interested in learning more about vaccine preventable diseases.

Past participants include NPs, RNs, LPNs, CNAs, MDs, MAs, PAs, & faculty and students in the medical field.

Topics Included

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|----------------------------------|----------------------------|
| Principles of Vaccination | Safe & Effective Vaccine |
| Vaccine Preventable Diseases | Administration |
| Child & Adolescent Immunizations | Vaccine Storage & Handling |
| Adult Immunizations | Vaccine Misconceptions |
| General Recommendations | Reliable Resources |

Registration Form (Deadline: May 3, 2010, 12:00pm)

To register fax this form to **(317)-972-0117**. A separate form must be used for each person. *Please print clearly*. Confirmations will be sent via **email** only. If you do not have an email address, you will not receive a confirmation notice but will still be registered.

Name _____ Credentials (RN, LPN, MD, etc.) _____

Practice/Clinic _____ Job Title _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Daytime Phone _____ Business Fax _____

Email _____ VFC Provider PIN _____

| | | |
|---|------------------------------|-----------------------------|
| Have you attended the Immunizations from A to Z training before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you like to receive our Immunization E-Newsletter by Email? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently a CHIRP user? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, would you like more information on CHIRP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently a VFC Provider? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, would you like more information on the VFC program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Indiana State Department of Health, Immunization Program

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